

Child and Adult Care Food Program

Income Eligibility Guidance for

Adult Day Care Centers



July 2005

Missouri Department of Health and Senior Services
Division of Community Health
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-733-6251
<http://www.dhss.mo.gov/cacfp/>

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EEO/AAP services provided on a non-discriminatory basis.

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General Information

Meal reimbursement to adult day care centers is based upon the claiming status of each participant at the center. To determine the claiming status, obtain family size and household income data from the participant, a family member or legal guardian and compare this information to the income eligibility guidelines. Based on the income eligibility guidelines, the participant is classified as free, reduced or paid.

Important points to remember are:

- ✓ Income Eligibility Forms (IEFs) must be on file at the center for **all** participants claimed for free and reduced-price meals. If the participant, family member or legal guardian does not choose to complete the IEF, then the participant must be claimed as paid.
- ✓ The IEFs for all participants are effective for one year. A new IEF must be collected each year. It is recommended that the income information be collected at the same time each year for all participants. An ideal time would be in July or August when the new income guidelines are issued or when the center conducts re-enrollment.
- ✓ If the IEF is completed by the participant, family member, or legal guardian before the actual date of enrollment, the center must collect a new IEF if more than two months have lapsed. For example, John Doe completed the IEF in January 2000. However, John did not enroll or attend the center until May 2000. A new IEF must be completed for John at the time he actually started attending the center since more than two months lapsed between the completion of the form and the actual enrollment date.
- ✓ The center must review and date the IEF as soon as it is received from the participant, family member or legal guardian.
- ✓ If a center participant is unable to complete the IEF and if no family member or guardian is available to complete the IEF, the center may complete the IEF on the enrollee's behalf **if** the enrollee is categorically eligible for free meals. A participant is categorically eligible if a Medicaid, Supplemental Security Income, or Food Stamp recipient. The center must have documentation of the participant's categorical eligibility on file.
- ✓ The participant/family member/legal guardian letter on page 3 must be given to the participant/family member or legal guardian with the IEF. This letter provides required information and instructions for completing the IEF to the participant.
- ✓ The income eligibility guidelines are updated each year. When reviewing the IEFs, make sure to use the effective income guidelines.

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- ✓ Centers may not re-evaluate IEFs when new income guidelines are issued in July of each year. For example, if the participant, family member, or legal guardian completes an IEF in January, eligibility will be based on income guidelines issued in July of the previous year. When the new income guidelines are issued the following July, the center may not re-evaluate the IEF completed in January using the new income guidelines. The eligibility must continue to be based on the previous years' income guidelines. The only way the new income guidelines can be applied is if the participant, family member, or legal guardian completes a new IEF in July of each year.
- ✓ If, during a monitoring review, it is found that participants were incorrectly classified, the center may have to pay back money to the Child and Adult Care Food Program. Therefore, it is very important that you review the IEFs carefully.
- ✓ Income information must be kept confidential.
- ✓ The IEFs must be kept for three years after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept as long as necessary to resolve the issues raised by the audit.

**Child and Adult Care Food Program
Participant Letter – Nonpricing Adult Day Care Centers**

Dear Participant/Family Member/Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to participants and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below Federal income guidelines, the participant may be eligible for free or reduced-price meals.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$17,705	5	\$41,829
2	\$23,736	6	\$47,860
3	\$29,767	7	\$53,891
4	\$35,798	8	\$59,922
		For each additional	+6,031

To apply for free or reduced-price meal benefits, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You must notify the center when any of the following conditions occur:

- ✓ Family member(s) of the household become unemployed. A participant may be eligible for free or reduced-price meals during the period of unemployment;
- ✓ Household income increases or decreases more than \$50 per month or \$600 per year;
- ✓ Household size changes; or
- ✓ Temporary Assistance or food stamp benefits to the participant have been approved or terminated.

In the operation of the child and adult feeding programs, no participant will be discriminated against because of race, color, sex, age, disability, or national origin. If you believe you have been treated unfairly in receiving food services for any of these reasons, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Sincerely,

Child and Adult Care Food Program
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**Instructions for Completing the Income Eligibility Form
for Adult Day Care Centers**

1. The first and last name of the participant enrolled at the center must be listed on the statement.

If the participant, family member, or legal guardian checks that the participant is receiving Food Stamps, Medicaid, or SSI and enters the appropriate case number, the participant is automatically free and the participant, family member, or guardian does not need to complete Part 2.

Food Stamp numbers have the following characteristics:

S-xxx-xxxxxxxx

The three digit portion is a county code. At a minimum, the eight digit portion of the case number must be provided on the IEF for the participant to be automatically free. If the full eight digit number is not provided, the participant must be claimed as paid unless Part 2 (Household Income) is completed and the Social Security number is provided.

2. Unless the participant, family member, or guardian reports a Food Stamp, SSI or Medicaid case number, they must complete all entries in Part 2 and Part 4 to determine free or reduced-price eligibility.

List all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate monthly income by source of current gross income for all members of the household before deductions, such as taxes and Social Security.

3. Identify the racial/ethnic category of the participant. Completion of this information is not mandatory and the failure to complete this information shall not affect the classification of eligibility category.
4. The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If the participant is not a SSI, Food Stamp, or Medicaid recipient, the adult signing the application must provide a Social Security number. If the adult does not have a Social Security number, "none" should be written in the space provided.

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5. The adult household member must provide a signature, date, address, telephone number, and printed name. The IEF cannot be approved for free or reduced-price meals unless the form is signed and dated by the participant, family member, or legal guardian.
6. The participant, family member, or legal guardian must fully complete the IEF. Center personnel shall not complete any of the information on the IEF. Exceptions will be granted if the center participant is unable to complete the IEF and if no family member or guardian is available to complete the form. In this instance, the center may complete the IEF on the enrollee's behalf if the enrollee is categorically eligible for free meals. The IEF is effective from the date the center representative signs and dates the form.
7. Each participant, family member, or legal guardian shall be given the participant/family member/legal guardian letter and an IEF on a yearly basis. If the participant or guardian does not return the completed form, the participant shall be classified as paid.

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**Instructions for Determining Eligibility for Free and
Reduced Price Meals for Adult Day Care Centers**

1. The authorized center personnel shall review the IEF to determine if all portions of the IEF have been completed. The IEF is not valid if not fully completed by the participant, family member, or legal guardian.
2. The center personnel shall determine the participant's claiming category by completing the bottom of the IEF.
3. Indicate if the eligibility status is based on the participant's income or Food Stamp, Medicaid, or SSI participation. If the participant is receiving Food Stamps, SSI, or Medicaid benefits, the participant is automatically eligible for free benefits. Determine the household's monthly income if the participant is not a Food Stamp, SSI, or Medicaid recipient.
4. Enter the total household size. Determine claiming status based on the income eligibility guidelines.
5. The participant must be claimed as paid if:
 - ✓ The information given by the participant, family member, or legal guardian is incomplete;
 - ✓ The income does not meet eligibility criteria;
 - ✓ The participant, family member, or guardian does not sign and date the IEF;
 - ✓ The Social Security number of the person signing the IEF is missing and the participant is not a SSI, Food Stamp, or Medicaid recipient;
 - ✓ The IEF has not been signed by authorized center personnel on or prior to the date the participant is claimed as free or reduced; or
 - ✓ The Food Stamp number is not a valid eight-digit number.
6. The IEF is effective for a one-year period from the date the form is signed by the authorized center personnel.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS

To apply for free and reduced price meals in an adult care center, complete this form.

PART 1 ENROLLEE INFORMATION

Complete information below for the enrollee at the adult care center. If the participant is a Medicaid, Supplemental Security Income (SSI), or Food Stamp participant, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a Medicaid, SSI, or Food Stamp case number.

ENROLLEE'S NAME _____

Check all that apply and provide the appropriate case number.

☐ MEDICAID _____ ☐ SSI _____ ☐ FOOD STAMPS _____

PART 2 HOUSEHOLD AND INCOME INFORMATION

Complete information below for all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate income by source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY

PART 3 RACIAL ETHNIC INFORMATION

Please check the race or ethnic identity of the participant. You are not required to answer this question.

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ YES ☐ NO

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT _____	SOCIAL SECURITY NUMBER _____	DATE SIGNED _____
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(IF NOT ENROLLEE SIGNATURE, RELATIONSHIP OF ADULT TO THE ENROLLEE)

PRINTED NAME OF ADULT _____

ADDRESS _____	HOME PHONE NUMBER _____	WORK PHONE NUMBER _____
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Section 9 of the National School Lunch Act requires that, unless your Food Stamp, Medicaid, or SSI case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated

on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps, Medicaid, or SSI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

TOTAL HOUSEHOLD SIZE: _____	MONTHLY INCOME: _____	FOOD STAMP: _____	SSI: _____	MEDICAID: _____
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Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE _____	DATE _____
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**Child and Adult Care Food Program
INCOME ELIGIBILITY GUIDELINES
July 1, 2005 – June 30, 2006**

Household Size	Free Meals – 130%				Reduced-Price Meals – 185%		
	Yearly	Monthly	Weekly		Yearly	Monthly	Weekly
1	\$12,441	\$1,037	\$240		\$17,705	\$1,476	\$341
2	16,679	1,390	321		23,736	1,978	457
3	20,917	1,744	403		29,767	2,481	573
4	25,155	2,097	484		35,798	2,984	689
5	29,393	2,450	566		41,829	3,486	805
6	33,631	2,803	647		47,860	3,989	921
7	37,869	3,156	729		53,891	4,491	1,037
8	42,107	3,509	810		59,922	4,994	1,153
For each additional family member, add:	+4,238	+354	+82		+6,031	+503	+116

Note: Only provide the income guidelines for reduced price meals to the parents.

Biweekly is determined by dividing the yearly income by 26 and by rounding it up to the next whole number if it is more than .5 and rounding down if it is less than .5.